

# Consumer Council News

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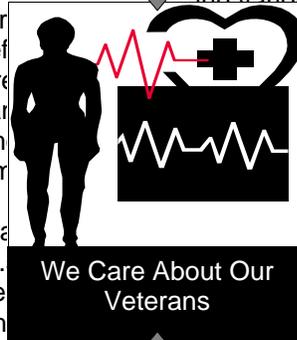
## PTSD Challenges

**At Congressional Hearings July 27th, Dr. Matthew Friedman, executive director of VA's National Center for PTSD stated the dissemination of information is a very important challenge. The veterans may stay away from treatment due to stigma and not knowing what services are available. There is a need to outreach to veterans and their families and sensitize primary care practitioners to screen for PTSD. The effort needs to focus on prevention.**

Newsletter sponsored by  
VA Mental Health  
Consumer Council  
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## VA a Model for Helping Survivors of Katrina

In the aftermath of Katrina, VA operated efficiently and evacuated safely veterans in VA Medical Facilities. As Katrina came ashore on August 29th the VA had already evacuated its hospital in Gulfport and stocked extra medical supplies, food and water at its hospital in Biloxi, where approximately 900 people sought refuge. In New Orleans as news of the breach of the Canal levee was confirmed, an alternate plan was made to evacuate more than 800 patients, staff and family members who had sought shelter at the Medical Center. There was rapid mobilization of transportation with three 5-ton trucks, two 2.5-ton trucks, a wrecker and a fuel tanker with drivers from the Guard's 39th Engineer Battalion from Little Rock, Arkansas. In addition to evacuating people, the New Orleans staff also managed to save health records for up to 40,000 veterans. The



We Care About Our Veterans

electronic record system specialists went to work securing the electronic patient health files. By Friday, Sept. 2, 241 patients, 272 employees, and 342 family members had been safely evacuated using various means of transport. The Senators' Affairs Committee stated that people were trained well enough to make decisions to proceed with evacuating people out instead of hesitate or remain in the area. In the aftermath volunteers from VA's across the country went to relocation areas such as VAMC Houston to provide

## Barriers to Care for Veterans with PTSD in Primary Care

In a recent study of 746 randomly selected VA primary care patients from four VA hospitals, a prevalence of post traumatic stress disorder (PTSD) was 11.5 percent. Of those patients diagnosed with PTSD, a 12 month medical record review indicated that providers identified only 46.5 percent who had PTSD and only 47.7 percent had used mental health specialty services. The question is why were there fewer than half of the patients who met criteria for a research diagnosis of PTSD either not recognized as having the diagnosis by their providers or not using mental health services

In the primary care settings some of the barriers may be that patients may feel reluctant to discuss mental health problems with primary care providers. Some symptoms of PTSD are

more somatic than psychological in nature (e.g. sleep disturbance). Patients may feel that mental illness is a stigmatized condition—a sign of weakness, inability to cope, or embarrassment. It may also be difficult to talk about the traumatic events that contributed to PTSD. As a result, many patients feel reluctant to discuss PTSD with their primary care providers and would be reluctant to see a mental health provider. The typical primary care visit is typically short and not long enough to address both medical and psychological problems. We need to understand the barriers so effective interventions can be made for timely and appropriate PTSD treatment.

Online Newsletter  
[www.mentalhealth.med.va.gov/cc](http://www.mentalhealth.med.va.gov/cc)

## Seamless Transition in VA

In 2005, VA established a permanent Seamless Transition Office that coordinates departmental activities related to the transition of returning service members. The VA is partnering with DoD to enhance the activities of this office. The cornerstone of the VA initiative is the assignment of full-time VA staff at DoD Military Treatment Facilities to provide onsite education and counseling about VA services. Social workers and benefits counselors are assigned to eight major Military Treatment Facilities. Dr. Kussman, Deputy Under Secretary for Health stated "One lesson we've learned is that the best mechanism to coordinate care and benefits for new veterans is to reach out early and often before they have separated from military service." The new employees have cut through red tape, improved communication, and generally made the transition from service member to veteran a far simpler task. To ensure the seamless transition is a reality at the hometown VA Medical Center and VBA Regional Of-

ice, veterans from Iraq and Afghanistan have the points of contact who expedite and coordinate the transfer of health care and benefits information initiated at the Military Treatment Facility.

In a further collaborative effort, Uniformed Army Liaisons have been assigned to VA's four regional Traumatic Brain Injury Lead Rehabilitation Centers that address the unique conditions faced by the multi-trauma combat injured patients. The Army Liaisons assist in the transfer of active duty service members who have sustained severe injuries (e.g. traumatic brain injury) and expedite the flow of information and communication between Military Treatment Facilities, the VA, service members, and family members. The expectation of the new soldiers returning are different and the armed services are providing comprehensive service to the soldier and their family. The expectation is that VA health care will provide the same level of service and support.

## NAMI Visit with Secretary Nicholson

The National Alliance on Mental Illness (NAMI) had three mothers of veterans and one spouse visit with Secretary Nicholson. They were able to discuss the Family to Family program which has been implemented at several VA Medical Facilities which has a structured peer led group that covers different aspects of mental illness and the impact on the family. It provides networking and education that helps the family to cope with a member of their family having a mental health diagnosis. They were interested in peer programs and the implementation of the Mental Health Strategic Plan to develop these programs. There is currently a Vet-to-Vet program that has been piloted by the VA Mental Health Research and Education Center (MIREC) in VISN 1.

The mothers from NAMI have among them 100 years of advocacy on behalf of their sons and refer to themselves as the "Century Club". The veterans mothers have visited each new secretary at VA to put a human face on the families who care for a son/or daughter with mental illness.

In addition to meeting with the Secretary the group met with the Director of Pharmacy, Director of Social Work, Director of Chaplain Service, Director of Residential Rehabilitation and Treatment Programs in Mental Health and other VA program officials. This provided the opportunity to hear what was being done to support veterans who receive mental health services. There has been a focus on the mental health strategic plan to fully involve veterans and families in the mental health services that are provided. This

## Information and Resources

VA Peer Support & Education Conference  
November 1-2, 2005  
Memphis, TN  
314-894-6648

Depression and Bipolar Support Alliance  
October 8, 2005  
Fort Worth Plaza Hotel  
Fort Worth, TX 76102  
DBSAlliance.org